

Case Number:	CM15-0162787		
Date Assigned:	08/31/2015	Date of Injury:	07/24/2009
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old male, who sustained an industrial injury on July 24, 2009, incurring right knee injuries. He was diagnosed with a right medial meniscal capsular junction tear. He underwent a medial meniscal repair in April, 2010. Treatment included Orthovisc injections to the knee, pain management and modified activities. Currently, the injured worker complained of increased right knee pain. He noted the right knee giving way with intermittent catching. The knee was noted to have tenderness, swelling and muscle atrophy. He was diagnosed with a right knee internal derangement with osteoarthritis. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the right knee without contrast and four right knee orthovisc injections using ultrasound once a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the right knee without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The CA MTUS addresses the use of imaging in complaints of knee pain. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. X-rays in this case appear to show joint space narrowing and effusion. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In this case the nature of the patient's possible internal derangement of the knee is mentioned as potentially warranting an MRI. If instability or other internal derangement beyond OA is of concern, and structural bone damage has been assessed by plain films, MRI may be indicated. Therefore, based on the guidelines and provided records, the request is considered medically necessary at this time.

Four (4) right knee orthovisc injections using ultrasound once a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic): Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, hyaluronic acid.

Decision rationale: The MTUS does not include recommendations regarding use of hyaluronic acid injections, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. The provided medical records show no documentation no MRI results indicating objective evidence of osteoarthritis in a setting of otherwise unremarkable anatomy. The ODG criteria for hyaluronic acid injections include significant symptomatic osteoarthritis without adequate response to recommended conservative treatment (exercise, etc.) and pharmacologic treatments or intolerance to these therapies after at least three months. The criteria also include pain interfering with functional activity and failure to respond to steroid injections. It appears that the patient has a history of good relief with hyaluronic acid injections in the past, however, four injections is excessive, and if there is still concern for internal derangement beyond osteoarthritis, further diagnostics may be indicated. In this case, within the limitations of the provided medical records, there is insufficient evidence to support the medical necessity of the treatment request for hyaluronic acid injections. Therefore, the request is not medically necessary.